

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Environmental Protection Agency	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) FS99290518-0	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) New York State Department of Health Empire State Plaza - Corning Tower Albany, New York 12237-0016			
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4a. DUNS Number 806781340	4b. EIN 14-6013200	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) FS99290518	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2017	To: (Month, Day, Year) 9/30/2024	9. Reporting Period End Date (Month, Day, Year) 9/30/2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	\$0.00
b. Cash Disbursements	\$0.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$45,363,000.00
e. Federal share of expenditures	\$0.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$0.00
h. Unobligated balance of Federal funds (line d minus g)	\$45,363,000.00

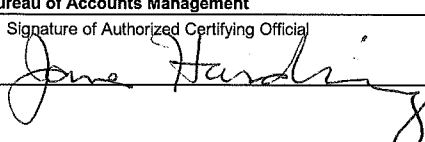
Recipient Share:	
i. Total recipient share required	\$9,072,600.00
j. Recipient share of expenditures	\$0.00
k. Remaining recipient share to be provided (line i minus j)	\$9,072,600.00

Program Income:	
l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:						\$0.00	\$0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Jane Harding, Director of Accounting Bureau of Accounts Management	c. Telephone (Area code, number and extension) (518) 474-1208 d. Email address jane.harding@health.ny.gov e. Date Report Submitted (Month, Day, Year) October 22, 2018
b. Signature of Authorized Certifying Official 	14. Agency use only:

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collect

New York State Department of Health						
Drinking Water State Revolving Fund						
GRANT FS99290518-0 For Period Ending 9/30/18						
FFY18	18DA-PROJECT	18DD - ADMIN.	18DE Tech ASST.	18DFA PWSS ADM.	Total	
Award Amount	\$38,104,920.00	\$1,814,520.00	\$907,260.00	\$4,536,300.00	\$45,363,000.00	
Amount Drawn	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Balance	\$38,104,920.00	\$1,814,520.00	\$907,260.00	\$4,536,300.00	\$45,363,000.00	